

293/008

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAL G	GRAFTING CONNECTORS AND FASTENERS				_ the
	tion of which	-			_
(check one)	[X] is attached her	reto			
	[] was filed on			٠.	as
	Application Serial	No.			
	and was amended on				 ·
		(if	applicable)		

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I do not know and do not believe that the invention was ever patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application.

I do not know and do not believe that the invention was in public use or on sale in the United States of America more than one year prior to this application.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known by me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

BEST AVAILABLE COPY

Prior Forei	gn Application(s	· •					
				Priority <u>Claimed</u>			
				[][]			
(Number)	(Country)	(Day/Month/)	(ear Filed)	Yes No			
		<u> </u>		[][]			
(Number)	(Country)	(Day/Month/)	(ear Filed)	Yes No			
(Number)	(Country)	(Day/Month/)	Vear Filed)	[][] Yes No			
(reamun)	(Country)	(Day/Monch/)	rear rijed)	ies no			
disclose to information defined in became avai	nited States Cod the United Stat known by me to Title 37, Code o lable between th and the nationa lication:	es Patent and T be material to of Federal Regul e filing date o	Prademark Of patentabil tations, \$ 100 of the prior	ffice all ity as 1.56 which r			
(Applicatio	n Serial No.)	(Filing Date)		(patented, abandoned)			
(Applicatio	n Serial No.)	(Filing Date)		(patented, abandoned)			
or agents t	inventor, I here o prosecute this the United Stat herewith:	application ar	nd transact	all			
	Robert R. Jackso						
	Jeffrey H. Inger	man. Esg Rec	1. No. 31,00				
Send corres	pondence to:	FISH & NEAVI 1251 Avenue	Robert R. Jackson FISH & NEAVE 1251 Avenue of the Americas New York, New York 10020				
Direct tele	phone calls to:	Robert R. Jackson					

BEST AVAILABLE COPY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor Thomas J. Bachinski
- 107 /110 Hickory
First Inventor's signature half and Date
Residence 19059 Orchard Trail, Lakeville, MN 55044
Citizenship <u>United States</u>
Post Office Address 19059 Orchard Trail
Lakeville, MN 55044
Full name of second inventor David S. Goldsteen
Second Inventor's signature A Mala 4/19/97
Date
D : 1
Residence 4885 East Lake Harriet Parkway, Minneapolis, MN 55409
Citizenship <u>United States</u>
Post Office Address 4885 East Lake Harriet Parkway
Minneapolis, MN 55409
Full name of third inventor panie NV. Sullivan
Third Inventor's signature
Date
n to the only Wiss Dood Medine Minnegota 55256
Residence 1245 Oak View Road, Medina, Minnesota 55356
Citizenship <u>United States</u>
Post Office Address 1245 Oak View Road
Medina Minnesota 55356